

## NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 9, 2002

RE: MDR Tracking #: M2-03-0252-01  
IRO Certificate #: 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

The claimant is a 61 year old male who has had multiple spine surgeries, the last one on 2/23/01 was a 2 level fusion with pedicle screws and anterior cages. Following this surgery he again developed incapacitating lower back pain and is presently on narcotic medication.

### Requested Service(s)

The treating neurosurgeon has requested a discogram to be done at the L2/3 level which is the level immediately above the fusion.

### Decision

I agree with the insurance carrier that discography is not medically necessary in this case.

### Rationale/Basis for Decision

Discography is not documented as being a reliable procedure. There has been medical literature presented in well done studies, most specifically the studies that were presented at the North American Spine Society in 1997 and 1998 from Stanford University. These studies revealed that

the responses of the patients were highly unreliable particularly in cases where there is compensation involved, emotional instability or liability issues. The findings in these studies reveal that the discogram was not a reliable predictor of the pain generator.

This decision by the IRO is deemed to be a TWCC decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (pre-authorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,